FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAR -2 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V22310 (9)

1. Corporation Name
JAMAICA MUTUAL (U.S.A.), INC.

Principal Place of Business	Mailing Address
100 SE 2ND ST STE 2990 MIAMI FL 33131 US	100 SE 2ND ST STE 2990 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/17/1992
3a. Date of Last Report: 07/12/1994

2. Principal Place of Business
21: 5201 Blue Lagoon Dr.
Suite, Apt. #, etc. 22: 500
City & State 23: MIAMI FL
Zip 24: 33126 Country 25: USA

2a. Mailing Address
26: 5201 Blue Lagoon Dr.
Suite, Apt. #, etc. 27: 500
City & State 28: MIAMI, Florida
Zip 29: 33126 Country 30: USA

4. FEI Number: 65-0367005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR S PATRICIA
100 SE 2ND ST
STE 2990
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: TAYLOR, S PATRICIA
82 Street Address (P.O. Box Number is Not Acceptable): 5201 Blue Lagoon Drive
83: STE 500
84 City: MIAMI, FL FL 85 Zip Code: 33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCGOWAN, MARSHALL HALL	1.2 NAME	400001424124
STREET ADDRESS	LOT 9 NORBURY VILLAS	1.3 STREET ADDRESS	-03/08/95--01032--002
CITY-ST-ZIP	KINGSTON 8, JAMAICA	1.4 CITY-ST-ZIP	****450.00 ****225.00
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HONIBALL, ROBERT RAUL	2.2 NAME	
STREET ADDRESS	14925 SOUTHWEST 141ST PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PARKES, RALPH MICHAEL	3.2 NAME	
STREET ADDRESS	21 QUEENS WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 10, JAMAICA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, GLORIA DELORES	4.2 NAME	
STREET ADDRESS	12 CLIEVEDEN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KINGSTON 6, JAMAICA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RATTRAY, HARRIS FABOURNE	5.2 NAME	
STREET ADDRESS	9950 SW 12TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, FREDERICK LIVI	6.2 NAME	JEA
STREET ADDRESS	8 WATERLOO TERR	6.3 STREET ADDRESS	3-2
CITY-ST-ZIP	KINGSTON 10 JA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: _____ 2/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0127504 CP